Brittany (France). Main data about clinical presentation and management were compared according to the gender.
Results: Among 5000 patients included in the ORBI registry, 1174 patients (23.5%) were women (mean age: 68.8±14 vs 60.8±12 for men, p<0.0001), with significant differences in their cardiovascular risk factors, especially hypertension (54 vs 36%, p<0.0001), dylipidemia (44 vs 52%, p<0.0001) and current smoking (25 vs 51%, p<0.0001). As presented in table 1, there are some significant differences in the management of women: delays of reperfusion are longer, partially due to longer delays between symptom onset and call for medical assistance. Thrombolytic agents are less used in women, and coronary angiography is less performed. Moreover, morbi-mortality is higher in women: intra hospital women mortality is 9.0%, vs 4.4% for men (p<0.0001). Last, there is a significant underused in all of the recommend treatments at discharged.

		Men n = 3826	Women n = 1174	p
	Chest pain as the 1st symptom	3445 (95%)	1039 (93%)	0.03
Initial Management	Delay* (min.) between:			
	- symptom onset and call for medical assistance	44 ± 162	60 ± 187	<0.0001
	- delay between admission and reperfusion**	40 ± 42	45 ± 51	0.011
	Fibrinolysis	618 (16%)	143 (12%)	0.001
	Glycoprotein IIb/IIIa receptor inhibitors	2269 (59%)	628 (53%)	<0.0001
	Coronary angiography	3773 (98%)	1122 (95%)	<0.0001
	Radial access	1348 (51%)	303 (38%)	<0.0001
	Primary angioplasty	2754 (72%)	829 (70%)	0.36
	Thrombo aspiration	1612 (47%)	425 (43%)	0.075
Intra hospital morbi-mortality	High degree atrio-ventricular block	112 (2%)	68 (5%)	<0.0001
	Atrial fibrillation	138 (3%)	82 (7%)	<0.0001
	FEVG	50.5 ± 10	49.4 ± 11	0.004
	Deaths	167 (4%)	106 (9%)	<0.0001
	Total length of stay	6.7 ± 4	7.6 ± 4	<0.0001
Prescription at discharge	Aspirine	3584 (98%)	1022 (95%)	<0.0001
	Clopidogrel/Prasugrel	3506 (95%)	993 (93%)	<0.0001
	Beta blockers	3349 (91%)	940 (88%)	0.001
	Angiotensin-converting enzyme inhibitor	2481 (67%)	662 (62%)	<0.0001
	Statine	3475 (95%)	955 (89%)	<0.0001
	Cardiovascularrehabilitation	1577 (47%)	267 (27%)	<0.0001

*Delays are presented as median ±standard deviation.

**For patients treated by a primary angioplasty.

Conclusions: Despite numerous awareness campaigns about management of STEMI in women, it still includes significant differences, resulting a higher morbidity and mortality.

TCT-361

Gender-based Analysis of Everolimus-Eluting Stent Safety in the Bern-Rotterdam Cohort

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Background: Everolimus-eluting stents (EES) improve safety compared with early-generation sirolimus-eluting (SES) and paclitaxel-eluting stents (PES). However, it is unknown whether the benefits in terms of safety are consistent among female and male patients.
Methods: A total of 12,339 consecutive patients were treated at 2 academic institutions between 2002 and 2009. 11,954 patients – 3,112 women (26%) and 8,842 men (74%) – completed last follow-up and were included in this analysis. EES were implanted among 1,100 women (35%) and 3,001 men (34%), whereas early-generation SES or PES were used among 2,012 women (65%) and 5,841 men (66%). We performed a stratified analysis of clinical outcomes between EES and early-generation SES or PES according to gender. Adjustment was performed with inverse probability of treatment weighting. Primary endpoint was ARC definite stent thrombosis (ST).
Results: During follow to 4 years (median 2.9 years), the use of EES reduced the risk of definite ST to a similar extent in women (RR 0.41, 95%CI 0.28-0.59) and men (RR 0.40, 95%CI 0.20-0.78; p-interaction=0.95) compared with early-generation SES and PES. This was paralleled by a similar reduction in the risk of myocardial infarction with EES over early-generation SES and PES among women (RR 0.59, 95%CI 0.46-0.77) and men (RR 0.47, 95%CI 0.29-0.75; p-interaction=0.52), as well as the composite of cardiac death and myocardial infarction among women (RR 0.72, 95%CI 0.61-0.84) and men (RR 0.82, 95%CI 0.65-1.04; p-interaction=0.32). In addition, EES provided a comparable efficacy benefit in terms of target-vessel revascularization among women (RR 0.69, 95%CI 0.59-0.80) and men (RR 0.52, 95%CI 0.39-0.70; p-interaction=0.32) compared with early-generation SES and PES.
Conclusions: Newer generation EES provide a similar safety benefit among women and men, with a consistent reduction in the risk of definite ST and myocardial infarction compared with early-generation SES and PES during long term follow-up.

TCT-362

Incidence, background, treatment strategies and the prognosis in very elderly patients with acute myocardial infarction – from Japanese multicenter database

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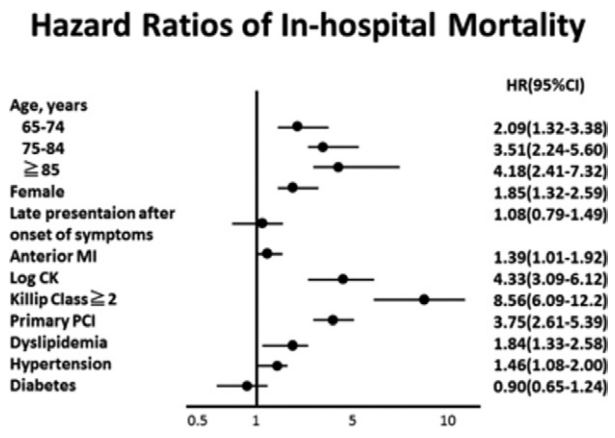
Background: Aging society has changed the component of the population in world wide, especially Japanese is the most progressive. Therefore, classifying elderly patients, particularly those 75 years and older, as a single cluster may overlook differences in elderly patients. The aim of this study was to investigate how difference of clinical characteristics and outcomes of elderly hospitalized with acute myocardial infarction (AMI) vary based on age.
Methods: We analyzed 3723 consecutive patients who enrolled as AMI from 27 hospitals during 2005 to 2009 in Japan. We categorized patients into four groups based on their age: younger than 65 years (n=1418), 65 to 74 years (n=1027), 75 to 84 years (n=935) and 85 years and older (n=343).
Results: Older patients were more likely to be women and to have hypertension, renal insufficiency, less likely to have dyslipidemia, diabetes, smoking. Primary percutaneous coronary intervention (PCI) was performed at a high frequency in all groups (88.9% vs 86.3% vs 81.3% vs 73.8%: P<0.0001, respectively). In-hospital mortality rate rose gradually with age. (2.8 vs 6.4% vs 12.5% vs 19.8%:P<0.0001, respectively), and the same tendency can be seen whether they received primary PCI (2.6% vs 4.9% vs 9.6% vs 16.2%: P<0.0001, respectively) or not (3.8% vs 16.3% vs 25.1% vs 30.0%: P<0.0001, respectively). In multivariable analysis, age was one of the important predictor of in-hospital mortality.
Conclusions: Despite high prevalence of primary-PCI in elderly in Japan, aging is strongly associated with in-hospital mortality.



TCT-363

Safety and long-term outcomes after percutaneous coronary interventions in patients with liver disease: report from the National Heart, Lung, and Blood Institute Dynamic Registry

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Background: Patients with liver disease who undergo percutaneous coronary interventions (PCI) have been thought to be at high risk of adverse events. The data regarding safety of PCI in patients with liver disease is sparse and there is no data on long-term outcomes post-PCI.
Methods: Baseline demographic, procedure-related, and in-hospital and 1-year adverse outcome data on consecutive patients undergoing PCI during 5 recruitment "waves" of the National Heart, Lung, and Blood Institute (NHLBI) Dynamic Registry across clinical centers which enrolled at least 1 patient with liver disease were collected. Patients with liver disease (n=79) were compared with patients without liver disease (n=5926).